REVISED: July 1, 1986

STATE: Minnesota

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INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE Signature Page

| | • | | |
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| state, the under Compact on Adopt State of New Ham the undersigned actions required provided the ser | rsigned hereby ection and Medical mpshire, and represents has by the Compact cvices and benefit | rred upon me by the nters into the Inters into the Inters Assistance on behasignifies that the the authority to perand to provide or its required by the cessary for compliant | erstate If of the agency which rform the cause to be Compact in |
| Executed this 3 | | nuary , 19 <u>86</u> Hampshire | by: |
| Florence O | Skartje. | Signature | |
| adoption Un | it admin | Title | |
| New Hamps Agency for Ch | hise Desir Aldrew and Yo | Agency | |
| TN # | Approved | Effective | Pare 10 1 8/5/8 |

STATE: Minnesota

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE Signature Page

| | state, the undersigned hereb | nferred upon me by the laws of my y enters into the Interstate cal Assistance on behalf of the |
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| | - | nd signifies that the agency which |
| | | as the authority to perform the |
| | | act and to provide or cause to be |
| | • | nefits required by the Compact in |
| | | necessary for compliance therewith. |
| | the manner and to the extent | necessary for compilance therewith. |
| | Executed this 21st day of | February . 1986 |
| | on behalf of the State of | |
| | | ctan by. |
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| ٠. | - Lew, will | - |
| (| Signature | Signature |
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| | Director | |
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| | Division of Family Services | |
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| | | 1CFA-179 # 86-8) Date Rec'd 815/8(|
| | | Supercedes NONE Date Appr. 8/21/86 |
| | | 711186 |

REVISED: July 1, 1986 STATE: Minnesota

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TOM

Authenticated Copy

I hereby certify that the attached document is a true copy of the original Interstate Compact on Adoption and Medical Assistance, as executed by the parties to said Compact.

| Signed this $\frac{4712}{100}$ day of $\frac{70}{100}$ | 1986, Washington, D.C. |
|--|---|
| | Eller C. Sear L |
| | Project Director / Interstate Compact on Adoption and Medical Assistance American Bar Association |

| HCFA-179 # 86-81 | _ Date Rec'd _ 8 15 18 6 |
|------------------|--------------------------|
| Supercedes 1058 | _ Date Appr8/2/136 |
| State Rep. In. | _ Date Eff フルルと |
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| ΓN | # | Approved | Effective | |
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STATE: Minnesota

EFFECTIVE: January 1, 1987

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INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE Signature Page

Pursuant to the authority conferred upon me by the laws of my state, the undersigned hereby enters into the Interstate Compact on Adoption and Medical Assistance on behalf of the State of West Virginia, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

| executed this 19 day of Nov | |
|-------------------------------------|-----------------------------|
| Signature | John 2 Burdillo III |
| Deputy Commissioner Title | Deputy Commissioner Title |
| Department of Human Services Agency | Department of Human Service |

HCFA-179 # 87-7 Date Rec'd March 30, 1987

Supercodas NONE Date Part JAN 1, 1987

State Date Date Part JAN 1, 1987

STATE: Minnesota EFFECTIVE: October 1, 1987

. TN:

APPROVED:

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INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE Signature Page

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| Pursuant to the authority conferred | upon me by the laws of my state, the |
| undersigned hereby enters into the | Interstate Compact on Adoption and |
| Medical Assistance on behalf of the | State of Nevada, and |
| signifies that the agency which the | undersigned represents has the authori- |
| ty to perform the actions required b | by the Compact and to provide or cause |
| to be provided the services and bene | efits required by the Compact in the |
| manner and to the extent necessary i | for compliance therewith. |
| Executed this day ofSept | ember , 19 <u>87</u> |
| on behalf of the State ofNeva | da by: |
| Signature Linda A. Ryan | Signature |
| Administrator | |
| Title | Title |
| Nevada State Welfare Division | |
| Agendy HCFA-179 # 87-73 Date R Supercedes None Date A State Rep. In 1/2 | Agency 100'd DEC . 29, 1987 1119/88 110007, 1, 1987 |
| Date E | 1 2 1/1/987 |